

HOW



SHAPES

EPIDEMIC

RESPONSES

BOTH PAST AND PRESENT

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WF

INTRO:

When deciding what I wanted to do for my final project, I knew I wanted to somehow include the history of Emergency Medical Services. As the daughter of a firefighter and an EMT myself, emergency medicine was, and is, in my blood. I began to talk to my dad about the rapidly changing personal protection equipment (PPE) protocols, and he began to talk about how the AIDS crisis in the 80s also brought out similar panic and stigmatization of populations. From there, I began to develop the idea of comparing the role that the AIDS crisis and the coronaviruses have changed EMS, especially focusing on stigma.

Lindsey Hoots
WFU c.o. 2020



June 5: The U.S. Centers for Disease Control and Prevention (CDC) publish a Morbidity and Mortality Weekly Report (MMWR), describing cases of a rare lung infection, *Pneumocystis carinii* pneumonia (PCP), in five young, previously healthy, gay men in Los Angeles. All the men have other unusual infections as well, indicating that their immune systems are not working; two have already died by the time the report is published. This edition of the MMWR marks the first official reporting of what will become known as the AIDS epidemic.

July 3: CDC releases another MMWR on KS and PCP among 26 gay men in New York and California. On the same day, the New York Times publishes an article entitled "Rare Cancer Seen in 41 Homosexuals." At this point, the term "gay cancer" enters the public lexicon.

By year's end, there is a cumulative total of 270 reported cases of severe immune deficiency among gay men, and 121 of those individuals have died. Some researchers begin calling the condition GRID (Gay-Related Immune Deficiency). This terminology influences both the medical profession and the public to perceive the epidemic as limited to gay men, with serious long-term consequences for women, heterosexual men, hemophiliacs, people who inject drugs, and children.

EMS Ch 30 -

Infectious Disease Control Notes

Excerpt from a 1989 EMS textbook:

High-Risk Groups

More than 90 percent of all identified AIDS cases have occurred among people in high-risk groups, as identified by the Centers for Disease Control. These groups include the following:

- Homosexual or bisexual men (65 percent of all adult cases).
- Intravenous drug users (17 percent of all adult cases).
- Blood transfusion recipients (2 percent of all adult cases and 12 percent of all pediatric cases).
- Heterosexual partners of high-risk individuals (2 percent of all adult cases).
- Children of parents at high-risk for AIDS (80 percent of all pediatric cases).
- Hemophiliacs (1 percent of all adult cases and 6 percent of all pediatric cases).
- Female prostitutes.
- Haitians.


Some researchers are now concentrating on high-risk behaviors instead of high-risk groups because *any* member of *any* group is at risk of contracting AIDS if he practices certain behaviors. Those behaviors include:

- Having multiple sexual partners.
- Needle-sharing or use of contaminated needles.
- Using hypodermic needles or syringes not sealed in the original package.
- Having anal intercourse.
- **FISTING** (a practice common among homosexual men of forcing the clenched fist and forearm into the rectum).
- Emergency medical personnel who do not follow recommended protective guidelines are considered to be at risk for becoming infected with AIDS. Direct contact — defined as contaminated needle-stick injury, mucous membrane exposure,

1989

5

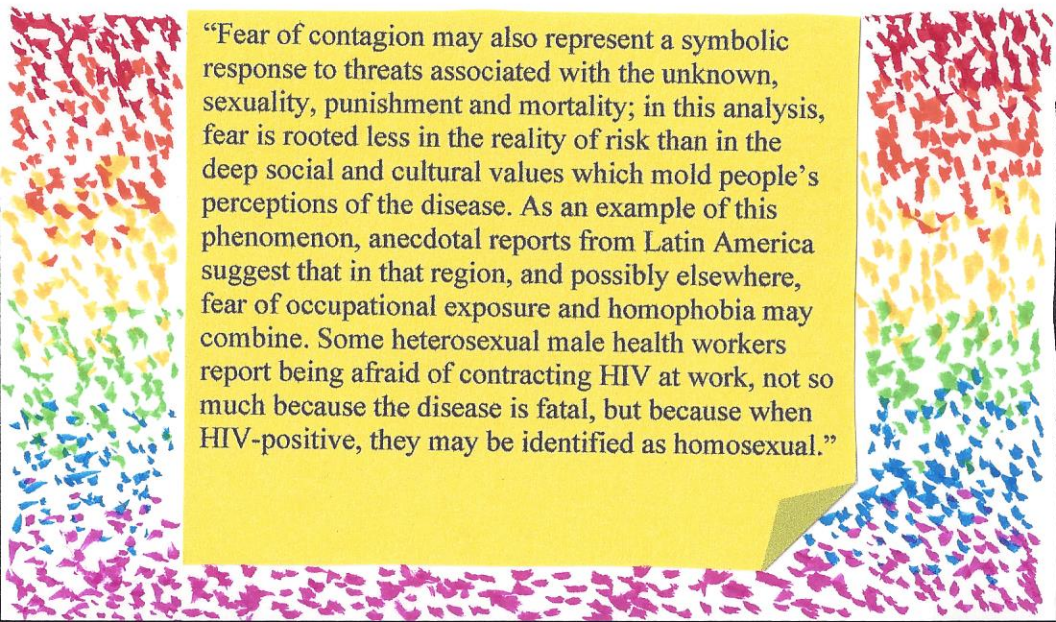
“Homophobia, which is generally defined as fear, hatred or disapproval of sex between homosexual men, preceded HIV/AIDS-related stigma and discrimination and, as is noted several times in this report, continues to be strongly associated with the disease.”



From the beginning, HIV and AIDS has been associated with the LGBTQ+ community, especially among homosexual men. There was also stigmatization of other “at risk” populations, as can be seen by the coming of the 4H club in 1983 to identify these communities.

THE 4H CLUB

Homosexuality among males
Hemophilia
Heroin use
Haitian origin



“Fear of contagion may also represent a symbolic response to threats associated with the unknown, sexuality, punishment and mortality; in this analysis, fear is rooted less in the reality of risk than in the deep social and cultural values which mold people’s perceptions of the disease. As an example of this phenomenon, anecdotal reports from Latin America suggest that in that region, and possibly elsewhere, fear of occupational exposure and homophobia may combine. Some heterosexual male health workers report being afraid of contracting HIV at work, not so much because the disease is fatal, but because when HIV-positive, they may be identified as homosexual.”

CORONAVIRUS TIMELINE

DEC 31, 2019

Chinese authorities treated dozens of cases of unknown cause in Wuhan

JAN 20, 2020

Other countries, including the US have confirmed coronavirus cases

FEB 11, 2020

The WHO proposes new name for the disease the coronavirus causes: COVID-19 to avoid stigma

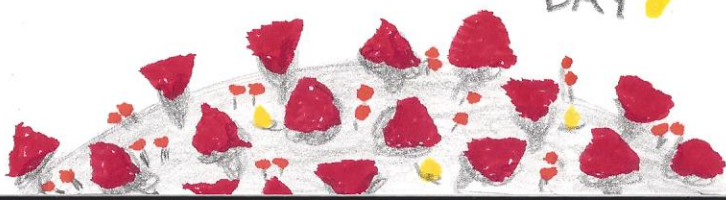
FEB 26, 2020

1st case of suspected local transmission in the US in a patient in California with no travel history

APR 14, 2020

The coronavirus has spread to at least 177 countries, killing more than 120,000 and sickening more than one million in a matter of weeks

PRESENT
DAY



 **Inbox** 18

- ★ Starred
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- > Sent
- Drafts
- More

To EMS Responders
 From CDC/NC/SHS
 Subject Novel CoV Protocol
 Date January 21, 2020

Hi All,

You can find the new first responder protocols for a suspected case of Novel CoV. Please follow these protocols for ANY sick calls you run for the foreseeable future.

Thanks,
 Your boss

Attachment

Novel CoV Protocol

1. Ask all patients who present with any of the following symptoms about travel:
 - a. Fever
 - b. URI (cough cold, stuffy nose, runny nose, shortness of breath and/or sore throat)
2. Travel questions should include travel within the last 2 weeks to Wuhan China or contact with an ill person who had been to Wuhan China while they were ill) See below for CDC criteria
3. If the response is yes:
 - a. Place a surgical mask on the patient.
 - b. EMS and any first responder that has close contact with the patient should use the following precautions:
 - i. Gloves
 - ii. N95 mask
 - iii. Goggles or face shield and disposable gowns if available
 - iv. Refrain from touching eyes, nose or mouth with potentially contaminated hands
 - v. Ensure that HCWs who are transporting patients wear appropriate PPE and perform hand hygiene
 - vi. Notify the receiving area of necessary precautions as soon as possible before the patient's arrival
 - vii. Routinely clean and disinfect patient-contact surfaces
 - viii. Limit the number of HCWs, family members and visitors in contact with a patient with suspected nCoV infection

⁽⁹⁾ Key Coronavirus Terms:

xen·o·pho·bi·a

1. fear or hatred of foreigners, people from different cultures, or strangers;
2. fear or dislike of the customs, dress, etc., of people who are culturally different from oneself



Sin·o·pho·bi·a

1. Anti-chinese sentiment or Sinophobia is a sentiment against China, its people, overseas Chinese, or Chinese culture

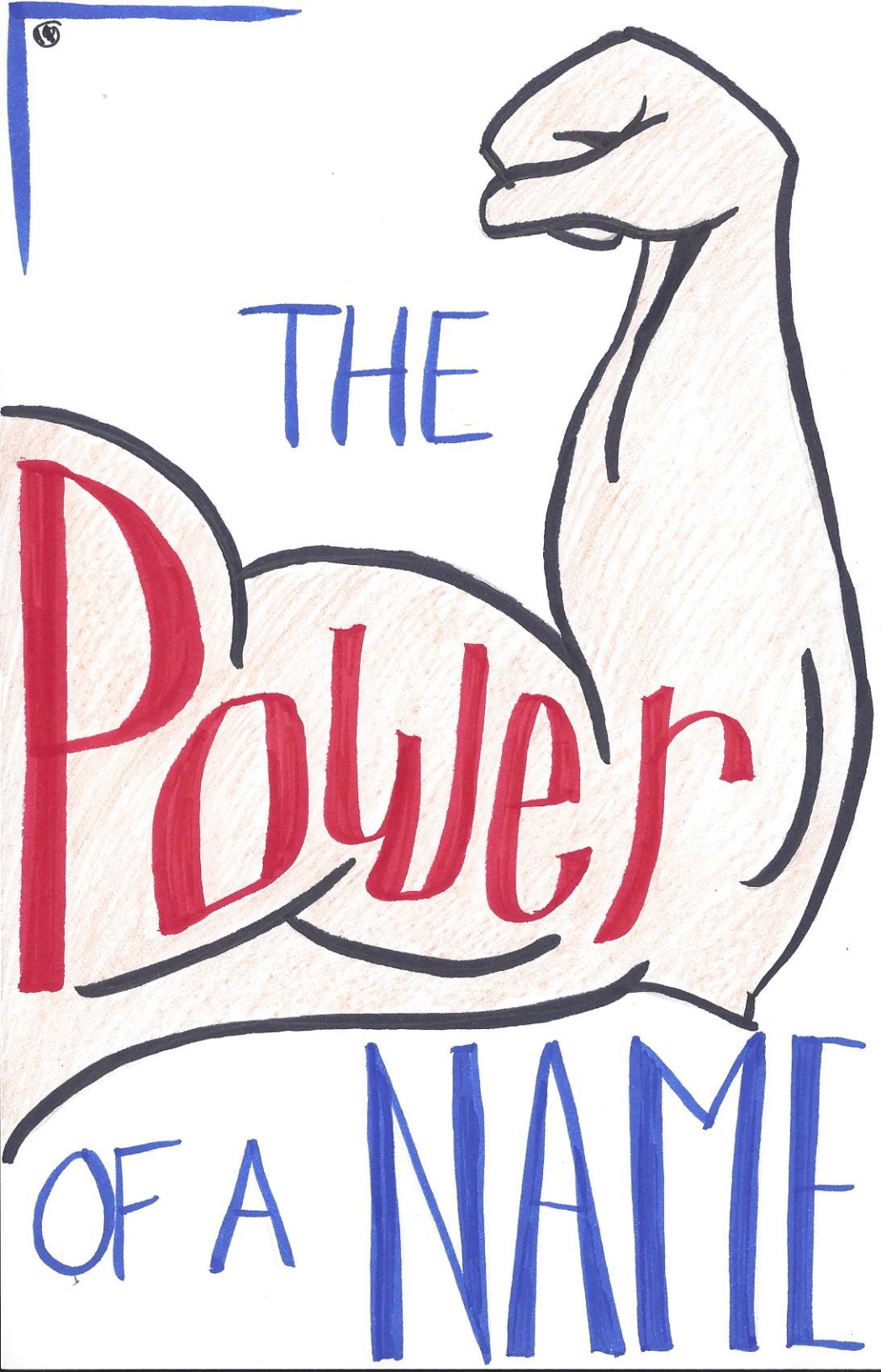
“The rampant spread of the 2019 novel coronavirus (2019-nCoV), first identified in Wuhan, Hubei, China, has stirred panic and an unwelcoming sentiment towards Chinese people across the world.1 Hong Kong, where a social movement triggered by an extradition bill to China has been ongoing since June, 2019, is at the forefront of this crisis. One example is Kwong Wing Catering, a pro-movement restaurant chain, which in a Facebook announcement on Jan 28, 2020, said it would only serve English or Cantonese-speaking but not Mandarin-speaking customers as a public health measure.”

Xenophobic News

10

"I wish I could change my face," Taiwanese American writer Monica Sun said after seeing violent reactions to Asian Americans





THE

Power

OF A NAME

"Gay Cancer"

"We highlight foreignness in the way we name pathogens: it's the "Wuhan" flu; the "Ebola" virus, named after a river in the Democratic Republic of Congo; the "Spanish" influenza, even though that microbe didn't originate in Spain." – TIME Magazine

By naming AIDS "gay cancer" and Covid-19 the "Chinese coronavirus," a massive amount of stigma is placed on the populations that identify within these groups. To combat this stigma, the World Health Organization (WHO) renamed the coronavirus to Covid-19. The WHO followed the predetermined rule to "not name [new pathogens] after people, places, ethnic groups, animals, or foods" in the hopes of avoiding offensive language or creating a stigma. Stigmatized names also send the message that only individuals who identify with the parameters of the stigma can get sick, and that all others are immune. However, this is absolutely untrue, as a virus does not care about identifies. All people have the ability to contract any viral illness.

MYTH

It's referred to as Wuhan or Chinese Coronavirus because it happened there and it only affects those who live in that area or individuals who are Asian.



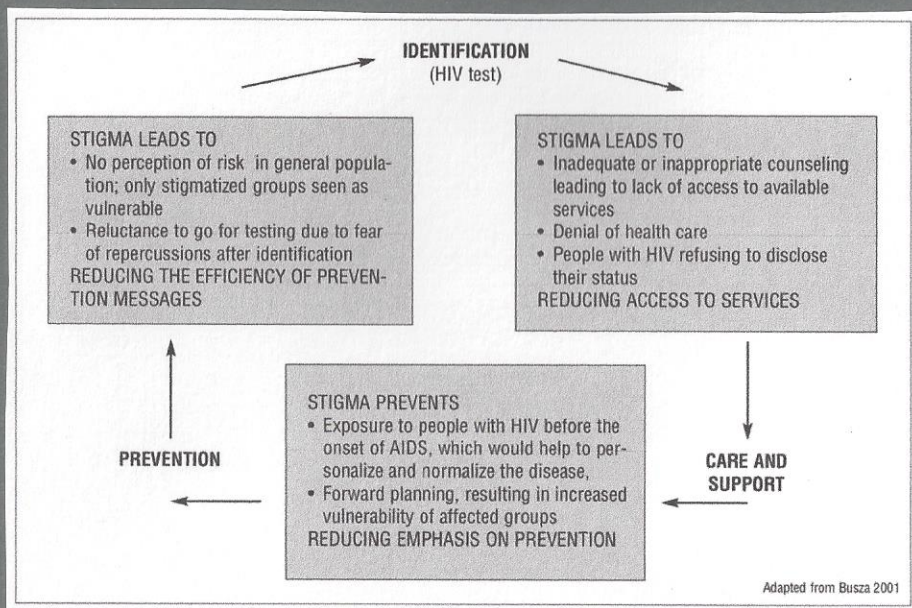
FACT

In the beginning, some people referred to Novel Coronavirus as Wuhan or Chinese Coronavirus. The World Health Organization (WHO) has officially named the virus SARS-CoV2 causing the condition named COVID-19. Naming guidelines for new pathogens follow the rule of not naming them after people, places, ethnic groups, animals or foods because this can be offensive or create a stigma.

People of all ages and ethnicities, no matter where they live, can be infected with the coronavirus causing COVID-19. To protect yourself against the virus, follow good hand and respiratory hygiene (view tips on the [CDC site](#)).

"Chinese coronavirus"

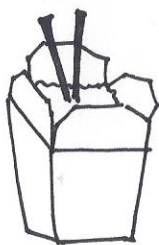
THE EFFECTS OF STIGMA ON AIDS



And so many more...

ACTS OF STIGMA

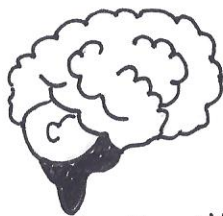
COVID-19



Avoidance of all
Chinese restaurants



Social Media
Bullying



Mental Health
Issues



Verbal + Physical
Assault

And so many more...

15 HOW DOES STIGMA CHANGE EMS?

Stigma has many effects on Emergency Medicine and EMS providers. The fear that stigma is rooted in has led to increases in the usage of personal protective equipment (PPE). For example, prior to the AIDS crisis, gloves were not used by EMTs during routine calls. The only time PPE was used was for childbirth, and it included a gown and gloves. A similar push for an increase in PPE usage has been seen with the astronomical demands for masks in health care. A lack of masks has put a strain on health care systems, as new CDC guidelines require masks on all EMS calls during the Coronavirus epidemic. Stigma also creates barriers to quality of patient care. A lack of understanding, and inherent biases of providers, can result in less-than-adequate patient care. In addition, a stark lack of education about transmission routes, as well as a fear of contraction of these viruses, has led to health care provider reluctance in helping patients who have contracted AIDS or the Coronavirus.

Table 6. Assessment of Practices toward Patients with HIV/AIDS

Practice	Number (Percent) ^{a,b}
Have refused to care for a patient with HIV/AIDS (<i>n</i> = 1,017)	
Yes	103 (9)
No	904 (90)
Don't know	10 (1)
Have refused a patient with HIV/AIDS admission to a hospital (<i>n</i> = 1,018)	
Yes	97 (9)
No	911 (90)
Don't know	10 (1)
Have observed others refusing to care for a patient with HIV/AIDS (<i>n</i> = 1,018)	
Yes	657 (66)
No	343 (32)
Don't know	18 (2)
Have observed others refuse a patient with HIV/AIDS admission to a hospital (<i>n</i> = 1,016)	
Yes	413 (43)
No	583 (56)
Don't know	20 (2)
Have verbally mistreated a patient with HIV/AIDS (<i>n</i> = 1,015)	
Yes	6 (.39)
No	1,002 (99)
Don't know	7 (1)
Have observed others verbally mistreat a patient with HIV/AIDS (<i>n</i> = 1,018)	
Yes	236 (27)
No	767 (71)
Don't know	15 (2)
Have given confidential information to a family member (<i>n</i> = 1,016)	
Yes	367 (38)
No	643 (61)
Don't know	6 (1)
Have observed others give confidential information to a family member (<i>n</i> = 1,016)	
Yes	507 (53)
No	490 (44)
Don't know	19 (3)
Have given confidential information to a non-family member (<i>n</i> = 1,016)	
Yes	128 (12)
No	883 (87)
Don't know	5 (1)
Have observed others give confidential information to a non-family member (<i>n</i> = 1,014)	
Yes	223 (22)
No	773 (76)
Don't know	18 (2)
What should be done to prevent discrimination against PLWA by health-care providers ^c (<i>n</i> = 1,014)	
Education/counsel/advise of health personnel	884 (87)
Policies at health facilities against discrimination	195 (19)
Stronger laws against discrimination	114 (11)
Punishment of health personnel if they discriminate	69 (7)
Protective materials/separate materials, wards, facilities for patients with HIV/AIDS	42 (4)

^aValues are number (percent) unless stated otherwise.^bDoctor, nurse, or midwife.

Overall Quality of Health Care Drops

Table 2. HIV-related attitudes among 997 EMS professionals in Michigan

Statement of attitudes	Percent agreeing
<i>Perceived occupational risk of HIV infection</i>	
I feel my chances of becoming infected with the AIDS virus through my work as an EMS professional are somewhat high or very high ...	56.6
My family and friends are very worried that I may become infected with the AIDS virus through my work as an EMS professional	48.0
<i>Homophobia</i>	
I would be upset if I found out that my coworker was homosexual	52.6
Homosexuals should not be allowed to work as EMS professionals	42.2
<i>Provision of emergency services to HIV-positive individuals</i>	
I should be notified by medical authorities if I have treated a patient who is later found to be infected with the AIDS virus	96.7
There should be emergency medical transport especially designed to care for someone who is infected with the AIDS virus	53.9
Every patient treated by an EMS professional should be tested for antibodies to the AIDS virus, even if the patient does not consent to testing	32.0
EMS professionals should be able to refuse services to a patient who is known or suspected to be infected with the AIDS virus	25.0

NOTE: HIV = human immunodeficiency virus; EMS = emergency medical service; AIDS = acquired immunodeficiency syndrome.

New York Times

March 1, 2006

Police Chief Blocks CPR

Billy Sneed was furiously trying to save the life of a friend having a heart attack on a West Virginia roadside in June when the police chief arrived. The chief, Mr. Sneed recalled yesterday, ordered him to stop. The chief, Robert K. Bowman of the small town of Welch, told Mr. Sneed that his friend, red-faced and gasping for breath, had the virus that causes AIDS, according to a lawsuit filed yesterday. Chief Bowman grabbed Mr. Sneed's shoulder, the suit says, pulling him away from his friend, Claude Green Jr. Mr.

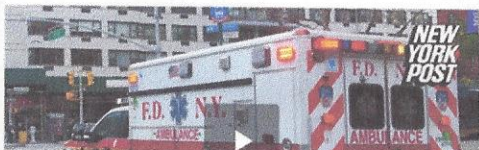
Sneed resisted, saying he was having success. Trained cardiopulmonary resuscitation, Mr. Sneed tried to continue pressing and then pounding on Mr. Green's chest. But the chief was adamant, Mr. Sneed said. "He just come over and told me to get off of him," Mr. Sneed said. Saxe said Green's death was "magically senseless" because he did not have the AIDS virus, but added that he should have received lifesaving care even if he was HIV-positive.

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NY issues do-not-resuscitate guideline for cardiac patients amid coronavirus

By Carl Campanile and Kate Sheehy

April 21, 2020 | 4:32pm | Updated

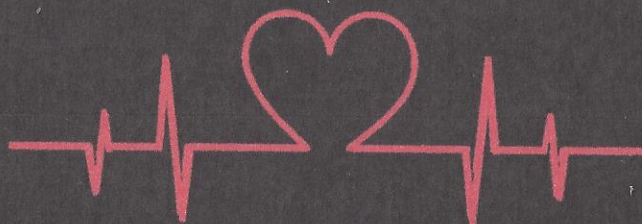


TOO SCARED TO HELP: Bystanders 'refused to carry out CPR' on man who had a heart attack and died in Sydney's Chinatown over fears he had the coronavirus

- Bystanders reportedly refused to give CPR to him out of fears of coronavirus
- The 60-year-old went into cardiac arrest outside a restaurant in Haymarket
- Paramedics were called and tried to revive the man but he died on the scene
- Restaurant managers said they were told that a man had collapsed outside
- The deadly virus has killed 133 people and infected more than 6,000
- Seven people have the virus after returning to Australia from Wuhan in China
- Coronavirus symptoms: what are they and should you see a doctor?

By ALANA MAZZONI FOR DAILY MAIL AUSTRALIA

PUBLISHED: 17:15 EDT, 29 January 2020 | UPDATED: 05:32 EDT, 30 January 2020



PROVIDE

we need to ensure
that first responders
are providing quality
care to ALL patients

we need to provide
safe and open
spaces for these
stigmatized populations

So, h
we fix

we need to continue
to advocate for these
stigmatized populations

ADVOCATE

we need to advocate
for greater resources for
these populations, especially
for mental and physical
health

We need to increase education of first responders on infectious diseases and the role of stigma on their portrayal

EDUCATE

we need to educate the public on how the perpetuation of stigma hinders health care

How do
this?

we must support these stigmatized populations

we also must support the doctors, social workers, first responders, and other health care employees advocating for change

SUPPORT

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